Complete and send	his form, together wi	th applicable f	fee(s), to: I	Mail Mail Stop ISS	UE FEE	
2005			- 1-77	Commissioner P.O. Box 1450	r for Patents	
1 1 tous &					irginia 22313-1450	
<b>&amp;</b> /				Eax (703) 746-4000	)	
INSTRUCTIONS: This for appropriate of further co.	rm should be used for tra- rrespondence including file below or directed otherwise	namitting the ISSU Patent, advance of a in Block I, by (a	UE FEE and rders and not a) specifying	PUBLICATION FEB (if n dification of maintenance for a new correspondence addr a new correspondence addr	equired). Blocks I through 5 as will be mailed to the current ress; and/or (b) indicating a sep	should be completed t correspondance add sarste "FEE ADDRES
	OB ADDRESS (Note: Use Block I fo			Note: A certificant	of mailing can only be used This certificate cannot be used imal paper, such as an assignment case of mailing or transmission.	for domestic mailings
22909 7.	590 05/27/2005			papers, Each addit	ional paper, such as an assignment of mailing or transmission	ent or formal drawing
BANNER & WI						
1001 G STREET,				I hereby certify the	Certificate of Mailing or Trun at this Pos(a) Transmittal is being	a deposited with the
WASHINGTON, I				addressed in the	Mail Stop ISSUE PHE address	ret class mail in mr co s above, as being fa
2005 CNGUYEN1 00000013 190733 10633361				I hereby certify that this Foc(s) Transmittal is being deposited with the Senter Focus Service with sufficient postage for first class mail in my conditional in the Mail Senter SEUF FEET address above, as being fix transmitted to the USPTO (703) 746-4000, on the date indicated below.  BURES 5. [4220749] (Depositor		
501 1600 00 1	Λ <b>Λ</b>			10 6	Ration of the	
501 1400.00				13g-7.	16	(Si
					6-14-6	<u> </u>
APPLICATION NO.	FILING DATE		FIRST NAME	ID INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION 1
10/633,361	10/633,361 08/04/2003		John F. Swigan		2 -005127,85920	5126
APPLN. TYPE	SMALL ENTITY	ISSUE F	<del></del>	PUBLICATION FEB	TOTAL FEE(S) DUE	DATE DUB
conprovisional	NO	\$1400	0	\$300	TOTAL FEE(S) DUE \$1700	08/29/2005
penprovisional EXAM	NO IINER	\$1400 ART UN	o or	\$300 CLASS-SUBCLASS		
ocnprovisional  EXAM  KAVANAU	NO INER GH, JOHN T	\$1400 ART UN 3728	orr	\$300 CLASS-SUBCLASS 036-029000	\$1700	08/29/2005
nonprovisional  EXAM  KAVANAU  Change of correspondence  CFR 1.363).	NO  INER  GH, JOHN T  address or indication of "F	\$1400 ART UN 3728 on Address" (37	orr	\$300  CLASS-SUBCLASS  036-029000  nting on the patent frunt page	\$1700	08/29/2005
nonprovisional  EXAM  KAVANAU  Change of correspondence  CFR 1.363).	NO  INER  GH, JOHN T  address or indication of "F	\$1400 ART UN 3728 on Address" (37	2. For print (1) the nation of agents (1)	\$300  CLASS-SUBCLASS  G36-029000  ating on the patent frunt page arnes of up to 3 registered pages  OR, alternatively,	S1700	08/29/2005
EXAM  KAVANAU  Change of correspondence  CFR 1.363).  Change of correspond  Address form PTO/SB/1:	NO INER GH, JOHN T	S1400 ART UN 3728 Tee Address* (37 Correspondence	2. For print (1) the nator agents (2) the nator registered 2 registered 2 registered	\$300  CLASS-SUBCLASS  G36-029000  ating on the patent frunt page arnes of up to 3 registered p	si 1700  c, list atent enomeys as a member a agrees of up to	08/29/2005
EXAM  KAVANAU  I. Change of correspondence  CFR 1.363).  Change of correspond  Address form PTO/SB/12  Fee Address" indiest  PTO/SB/47; Rev 03-02 ( Number is required.	NO  INER  GH, JOHN T  e address or indication of "F  lence address (or Change of 22) smached.  ion (or "Fee Address" Indic-	S1400 ART UN 3728 See Address* (37 Correspondence ation form	2. For print (1) the material or agents (2) the material control of the materi	\$300  CLASS-SUBCLASS  036-029000  nting on the petent frunt page area of up to 3 registered proof, alternatively, and area of a single farm (having attempt or agant) and the red patent attorneys or agents name will be printed.	si 1700  c, list atent enomeys as a member a agrees of up to	
EXAM  KAVANAU  Change of correspondence  FR 1.363).  Change of correspondence  Change of correspond  Address form PTO/SB/1:  Fee Address indices  PTO/SB/47; Rev 03-02 (  Number is required.)  ASSIGNEE NAME AND	NO  INER GH, JOHN T  e address or indication of "F  lence address (or Change of 22) amached. inm (or "Fee Address" Indication of more recent) attached. Un  RESIDENCE DATA TO E	S1400 ART UN 3728 Ten Address* (37 Correspondence ation form to of a Cautomore SE PRINTED ON T	2. For print (1) the material or agents (2) registered (2) registered (3) registered (4) the PATENT	\$300  CLASS-SUBCLASS  036-029000  Inting on the petent frunt page arms of up to 3 registered proof, a single frum (having a latterney or agent) and the red patent attorneys or agents name will be printed.  T (print or type)	si 1700  c, list atent enomeys as a member a agrees of up to	08/29/2005 regr ← WITCE
EXAM  KAVANAU  I. Change of correspondence  CFR 1.363).  Change of correspond  Address form PTO/SB/1:  Fee Addrass' indicat  PTO/SB/47; Rev 03-02 ( Number is required.  ASSIGNEE NAME AND	NO  INER GH, JOHN T  e address or indication of "F lence address (or Change of 22) amached. ion (or "Fee Address" Indication more recent) attached. Use  RESIDENCE DATA TO E an assignee is Identified b 137 CFR 3.11. Completion	ART UN 3728 Ten Address* (37 Correspondence ation form of a Customer SE PRINTED ON Telow, no assigner of this form is NO	2. For print (1) the nate registered 2 registered 2 registered 1 steel 1 registered 2 registered 1 registered	\$300  CLASS-SUBCLASS  G36-029000  Inting on the patent frunt page arms of up to 3 registered proof. The page of the page of the page of a single firm (having a strongey or agant) and the red patent storneys or agents name will be printed.  T (print or type)  pear on the patent. If an ass for filling an assignment.  CE: (CITY and STATE OR C	si 1700  c., list atent extomeys  as a member a same of up to . If no name is  signee is identified below, the o	08/29/2005 regr ← WITCE
EXAM  KAVANAU  C. Change of correspondence  CFR 1.563).  Change of correspondence  CFR 1.563.  The change of correspond  Address form PTO/SB/12  Fee Address indices  PTO/SB/47; Rev 03-02 of  Number in required.  ASSIGNEE NAME AND  PLEASE NOTE: Unless  recordation as set forth in	NO  INER  GH, JOHN T  a address or indication of "F lence address (or Change of 12) smached.  inn (or "Fee Address" Indication more recent) attached. Us  RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion	ART UN 3728 Ten Address* (37 Correspondence ation form of a Customer SE PRINTED ON Telow, no assigner of this form is NO	2. For print (1) the nate registered 2 registered 2 registered 1 steel 1 registered 2 registered 1 registered	\$300  CLASS-SUBCLASS  G36-029000  ating on the patent frunt page ames of up to 3 registered pr OR, alternatively, and of a single firm (having attempt or agent) and the r d patent attempt or agents, name will be printed.  T (print or type) pear on the patent. If an ass for filling an assignment.	si 1700  c., list atent extomeys  as a member a same of up to . If no name is  signee is identified below, the o	08/29/2005 regr ← WITCE
EXAM  KAVANAU  (. Change of correspondence  CFR 1.363).  Change of correspond  Address form PTO/SB/1:  "Fee Address" indicate  PTO/SB/47; Rev 03-02 (  Number in required.  ASSIGNEE NAME AND  PLEASE NOTE: Unless  recordation as set forth in  (A) NAME OF ASSIGN:                         Class check the appropriate	NO  ONER  GH, JOHN T  e address or indication of "F  lence address (or Change of 22) attached.  inn (or "Fee Address" Indication more recent) attached. Us  RESIDENCE DATA TO E  an assignee is Identified b 37 CFR 3.11. Completion  PE  .  assignee category or catego	ART UN 3728  Ten Address* (37  Correspondence stion form to of a Customer  BE PRINTED ON The control of this form is NOT (B)  Correspondence  (B)  Ories (will not be printed to the printed the printed to the printed	2. For print (1) the nation of agents (2) the nating interest (2) the nating interest (3) the nating interest (4) the nating interest (4) RESIDENCE (4) RESI	\$300  CLASS-SUBCLASS  036-029000  Inting on the patient front page areas of up to 3 registered proof, alternatively, one of a single firm (having a single firm (having a single firm charmey or agent) and the red patent attorneys or agents, name will be printed.  T (print or type)  patent or the patent. If an assist for filling an assignment.  CE: (CITY and STATE OR (Compared))	si 1700  c., list atent extomeys  as a member a same of up to . If no name is  signee is identified below, the o	08/29/2005
EXAM  KAVANAU  (Change of correspondence  CFR 1.363).  Change of correspondence  CFR 1.363/  Change of correspond  Address form PTO/SB/1/  Fee Address" indicat  PTO/SB/47; Rev 03-02 (Number in required).  ASSIGNEE NAME AND  PLEASE NOTE: Unless  recordation as set forth in  (A) NAME OF ASSIGNI  (A) NAME OF ASSIGNI  (A) The following fee(s) are	NO  ONER  GH, JOHN T  e address or indication of "F  lence address (or Change of 22) attached.  inn (or "Fee Address" Indication more recent) attached. Us  RESIDENCE DATA TO E  an assignee is Identified b 37 CFR 3.11. Completion  PE  .  assignee category or catego	ART UN 3728  Ten Address* (37  Correspondence stion form to of a Customer  BE PRINTED ON The control of this form is NOT (B)  Correspondence  (B)  Ories (will not be printed to the printed the printed to the printed	2. For print (1) the na or agents (2) the na registered 2 registered itsted, no other print (2) RESIDENCE (2) RESI	\$300  CLASS-SUBCLASS  036-029000  Inting on the patient front page area of up to 3 registered proof of the original page of the patient attorneys or agents name will be printed.  T (print or type)  page on the patient. If an assistent of the patient of the pati	signee is identified below, the of	08/29/2005
EXAM  KAVANAU  Change of correspondence  CFR 1.363).  Change of correspond  Address form PTO/SB/1:  "Fex Addrass" indicate  PTO/SB/47; Rev 03-02 (  Number in required.  ASSIGNEE NAME AND  PLEASE NOTE: Unless  recordation as set forth in  (A) NAME OF ASSIGNE  (A) NAME OF ASSIGNE  CAN	NO  INTER  GH, JOHN T  a address or indication of "F  tence address (or Change of 22) strached.  inn (or "Fee Address" Indicator more recent) attached. Us  PRESIDENCE DATA TO B  an assignee is Identified b 37 CFR 3.11. Completion  HE  .  assignee category or category or category enclosed:	ART UN 3728  Ten Address* (37  Correspondence stion form stof a Customer  BE PRINTED ON T  clow, no assigner of this form is NO  (B)  cries (will not be pri-	2. For print (1) the nation of agents (2) the nation registered (2) registered listed, no (3) RESIDENC (3) RESIDENC (4) Payment of (4) A check:	\$300  CLASS-SUBCLASS  036-029000  Inting on the patent front page arms of up to 3 registered page of the patent front page atternatively, and of a single firm (having atternatively, and the red patent attorneys or agents, and the red patent attorneys or agents. To (print or type)  pear on the patent. If an assist for filling an assignment.  CE: (CITY and STATE OR (Compared).  The patent of the fee(s) is in the amount of the fee(s) is	siron  c, list  atent extomeys  as a member a  sames of up to  If no name is  country)  Corporation or other private greenclosed.	08/29/2005
EXAM  KAVANAU  Change of correspondence  CFR 1.363).  Change of correspondence  CFR 1.363/.  Change of correspond  Address form PTO/SB/12  "Fex Addrass" indicate  PTO/SB/47; Rev 03-02  Number in required.  ASSIGNEE NAME AND  PLEASE NOTE: Unless  recordations as set forth in  (A) NAME OF ASSIGNI  (A) NAME OF ASSIGNI  (A) The following fee(s) are  Lisue Fee  Publication Fee (No se	NO  INER  GH, JOHN T  a address or indication of "F  lence address (or Change of 22) attached.  inn (or "Fee Address" Indication more recent) attached. Us  PRESIDENCE DATA TO B  an assignee is Identified b 37 CFR 3.11. Completion  HE  .  assignee category or catago enclosed:  mall entity discount pegunita	ART UN 3728  Ten Address* (37  Correspondence stion form stof a Customer  BE PRINTED ON T  clow, no assigner of this form is NO  (B)  cries (will not be pri-	2. For print (1) the nation of agents (2) the nation registered 2 registered listed, no (3) RESIDENC (3) RESIDENC (4) Payment of A check:	CLASS-SUBCLASS  036-029000  Inting on the patient frunt page arms of up to 3 registered page of the patient frunt page at the patient atternatively, and the red patient attorneys or agent) and the red patient attorneys or agents and will be printed.  T (print or type)  pear on the patient. If an assist for filling an assignment.  CE: (CITY and STATE OR (Compared).  The patient of the fee(s) is the amount of the fee(s) is the creative cards Form 1970-22.	siron  c, list  atent extomeys  as a member a  sames of up to  If no name is  country)  Corporation or other private gr  enclosed.  038'is amichied.	08/29/2005  10 ← WITCE  document has been fill  coup entity ☐ Govern
EXAM  KAVANAU  I. Change of correspondence  CFR 1.363).  Change of correspondence  CFR 1.363).  Change of correspond  Address form PTO/SB/1:  Press Address form PTO/SB/1:  PTO/SB/47; Rev 03-02 (  Number is required.  ASSIGNEE NAME AND  PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI  (A) NAME OF ASSIGNI  CA) LCC (  Please check the appropriate is. The following fee(s) are  I Issue Fee  Publication Fee (No is advance Order - # of	NO  INER  GH, JOHN T  e address or indication of "F lence address (or Change of 22) amached. ion (or "Fee Address" Indication or more recent) attached. Us  RESIDENCE DATA TO H an assignee is identified be 37 CFR 3.11. Completion  HE  .  assignee category or	ART UN 3728 Ten Address* (37 Correspondence stion form sof a Customer SE PRINTED ON 1 clow, no assigned of this form is NO (B	2. For print (1) the nation of agents (2) the nation registered 2 registered listed, no (3) RESIDENC (3) RESIDENC (4) Payment of A check:	CLASS-SUBCLASS  036-029000  Inting on the patient frunt page arms of up to 3 registered page of the patient frunt page at the patient atternatively, and the red patient attorneys or agent) and the red patient attorneys or agents and will be printed.  T (print or type)  pear on the patient. If an assist for filling an assignment.  CE: (CITY and STATE OR (Compared).  The patient of the fee(s) is the amount of the fee(s) is the creative cards Form 1970-22.	siron  c, list  atent extomeys  as a member a  sames of up to  If no name is  country)  Corporation or other private greenclosed.	08/29/2005  10 ← WITCE  document has been fill  coup entity ☐ Govern
ASSIGNEE NAME AND PLEASE NOTE: Unlease recordation as set forth in (A) NAME OF ASSIGNE (A) NAME OF ASSIGNEE (A) NA	NO  INER  GH, JOHN T  a address or indication of "F  lence address (or Change of 22) attached.  inn (or "Fee Address" Indication more recent) attached. Us  PRESIDENCE DATA TO B  an assignee is Identified b 37 CFR 3.11. Completion  HE  .  assignee category or catago enclosed:  mall entity discount pegunita	ART UN 3728 Ten Address" (37 Correspondence ation form so of a Cautomoer SE PRINTED ON 7 clow, no assigner of this form is NO (B) cries (will not be pri-	2. For print (1) the nate registered (2) the nate registered (2) registered (3) registered (4) registered (4) registered (5) RESIDENCE (4) RESIDENCE (5) RESIDENCE (6) Payment of 10 A check (6) Payment of 10 A check (6) Payment of 10 Deposit Acc	CLASS-SUBCLASS  G36-029000  ating on the patent frunt page arnes of up to 3 registered proof of a single firm (having a strongers or agent) and the red patent attorneys or agent) and the red patent attorneys or agent, and the red patent attorneys or agent.  I (print or type)  pear on the patent. If an assignment.  CE: (CITY and STATE OR (Compared to the patent):  Individual STATE (Ref.)  Tee(s):  In the amount of the fee(s) is the patent attorneys of the fee(s) in the patent attorneys of the fee(s) in the patent attorneys of the fee(s) in the patent attorneys of the patent attorneys of the fee(s) in the patent attorneys of the fee(s) in the patent attorneys of the patent attorneys	siron  c, list  atent extomeys  as a member a  sames of up to  If no name is  country)  Corporation or other private gr  enclosed.  038'is amichied.	08/29/2005  1022 ← WITCE  10cument has been fill  10cument bas bas been fill  10cument bas bas been fill  10cument bas

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.314. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commence on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OME 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE